



PLAN REVIEW APPLICATION & PROJECT INFORMATION FORM
DPH – CQAC – DHCQ, 99 Chauncy Street, 2nd Floor, Boston, MA 02111

The following information is requested to assist in the project review. Please complete this form as accurately and completely as possible.

► **LICENSURE INFORMATION:**

If the facility is currently licensed, complete the box on the left.

If the facility is to be newly licensed, complete the box on the right.

EXISTING LICENSED FACILITY	PROPOSED NEW or RELOCATED FACILITY
NAME (PARENT)	NAME (PARENT)
HOSPITAL CAMPUS (IF APPLICABLE)	HOSPITAL CAMPUS (IF APPLICABLE)
STREET & SUITE #	STREET & SUITE #
CITY/TOWN & ZIP CODE	CITY/TOWN & ZIP CODE
EXISTING SATELLITE'S NAME (IF APPLICABLE)	NEW SATELLITE'S NAME (IF APPLICABLE)
STREET & SUITE #	STREET & SUITE #
CITY/TOWN & ZIP CODE	CITY/TOWN & ZIP CODE

Brief Project Description: _____ DoN # - (if applicable)

Project Type:

- | | |
|---|--|
| <input type="checkbox"/> NEW FACILITY* | <input type="checkbox"/> ADD OUTPATIENT SATELLITE TO HOSPITAL* |
| <input type="checkbox"/> ADDITION TO EXISTING FACILITY | <input type="checkbox"/> TRANSFER OF SITE PARENT CLINIC* |
| <input type="checkbox"/> ADD SATELLITE CLINIC TO CLINIC* | <input type="checkbox"/> TRANSFER OF SITE OF SATELLITE FACILITY* |
| <input type="checkbox"/> RENOVATIONS TO EXISTING FACILITY | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> QUOTA CHANGES: <input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE | |

(detailed explanation in project narrative)

*Is this project located on the premises of another separately licensed entity? ☐ Yes ☐ No

*Will the proposed facility site share functional areas or services with another entity (licensed or unlicensed)? ☐ Yes ☐ No
(if yes, explain in the project narrative and file necessary waiver requests.)

► TYPE OF PLAN REVIEW REQUESTED: Check only <u>one</u> plan review type (defined on Page 3). <input type="checkbox"/> Self-Certification (S) <input type="checkbox"/> Abbreviated: <input type="checkbox"/> Part 1(A1) <input type="checkbox"/> Part 2 (A2) <input type="checkbox"/> Full Review: <input type="checkbox"/> Part 1(F1) <input type="checkbox"/> Part 2 (F2)	► CONSTRUCTION COST & FEE: <i>S/A1/F1</i> <u>Construction Cost (FORM 4, Item 7)</u> \$ _____ <input type="checkbox"/> Fee Attached: Check Amount* = \$ _____ (Complete Plan Review Fee Worksheet on Page 3) *Checks payable to the "Commonwealth of Massachusetts"
---	---

Licensee/
Applicant's
Contact
Person

NAME _____

LICENSEE _____

ADDRESS _____

TEL # _____

FAX # _____

Architect's
Contact
Person

NAME _____

FIRM _____

ADDRESS _____

TEL # _____

FAX # _____

► TYPE OF FACILITY & SERVICES INVOLVED IN THE PROPOSED PROJECT:☐ **Acute Care Hospital**

- ☐ Medical/Surgical Unit(s)
☐ Critical Care Unit(s)
☐ Coronary Care Unit(s)
☐ Pediatric Intensive Care Unit(s)
☐ Rehabilitation Unit
☐ Physical Therapy
☐ Occupational Therapy
☐ Psychiatric Unit(s): ☐ Locked ☐ Unlocked
☐ Pediatric Unit(s)
☐ Substance Abuse
☐ Postpartum Unit
☐ Labor/Delivery: ☐ LDRs ☐ LDRPs
☐ Neonatal Intensive Care Unit(s)
☐ Nursery: ☐ Well Baby ☐ Special Care
☐ Nuclear Medicine
☐ Outpatient Department
☐ Surgery
☐ Ambulatory Surgery
☐ Recovery
☐ Emergency
☐ Radiology
☐ Mammography
☐ Laboratory: ☐ Hospital Based ☐ Independent
☐ Dialysis: ☐ Chronic ☐ Acute
☐ MRI: ☐ Mobile ☐ Fixed
☐ Cardiac Catheterization
☐ Radiation Therapy
☐ Pharmacy
☐ Endoscopy
☐ Dietary
☐ Administration
☐ Central Services
☐ Other _____

☐ **Long Term Care Facility**

- ☐ Free Standing
☐ Hospital Based
☐ With CCRC
☐ Outpatient Restorative Services

☐ **Hospice Inpatient Facility**☐ **Clinic:** ☐ Free-Standing ☐ Clinic Satellite **or**☐ **Hospital Outpatient Satellite**

- ☐ Medical
☐ Dental
☐ Radiology
☐ Mental Health
☐ Substance Abuse
☐ Ambulatory Surgical
☐ Rehabilitation
☐ Laboratory: ☐ Clinic Based ☐ Independent
☐ MRI: ☐ Mobile ☐ Fixed
☐ Radiation Therapy
☐ Mammography
☐ Endoscopy
☐ Other _____

☐ **Out-Of-Hospital Dialysis Center**☐ **Psychiatric Hospital**☐ **Rehabilitation Hospital**☐ **Substance Abuse Hospital**☐ **Other Facility Type** _____**► PROJECT TIMELINES:**

Submission Date: ____/____/____ Projected Construction Dates: Start ____/____/____ Completion: ____/____/____

Note: Construction must not begin until plan approval for the project has been issued by this office.

(105 CMR 130.107 "Hospital Licensure Regulations"; 105 CMR 140.103(E) "Clinic Licensure Regulations"; 105 CMR 150.017(A)(2) "Licensing of Long Term Care Facilities"; 105 CMR 141.102(F) "Licensure of Hospice Programs")

► DOCUMENTS ATTACHED:

- | | | |
|---|--|---------|
| <input type="checkbox"/> Project Narrative (description of services, changes in bed complement or number of patient stations; scope of construction information) | <input type="checkbox"/> Check for Fee enclosed | S/A1/F1 |
| <input type="checkbox"/> Capital Cost Estimate Form (Form 4) | | S/A1/F1 |
| <input type="checkbox"/> Compliance Checklist(s) | | S/A2 |
| <input type="checkbox"/> Architect/Licensee Affidavit (original & complete) | | S/A2 |
| <input type="checkbox"/> Waiver Request Forms (one per waiver request) | | S/A1/F1 |
| <input type="checkbox"/> Written confirmation that DoN Conditions are met (DoN Projects) | | S/A1/F1 |
| <input type="checkbox"/> Square Footage Chart (DoN Projects) | | S/A1/F1 |
| <input type="checkbox"/> Plans of Existing Conditions , identifying all spaces (for renovations to existing licensed facility) | | S/A1/F1 |
| <input type="checkbox"/> Preliminary Plans (architectural plans with dimensions) | | F1 |
| <input type="checkbox"/> Design Development Plans (arch. plans with dimensions & details, preliminary M/E/P plans if available, construction phasing plans) | | A1 |
| <input type="checkbox"/> Construction Documents with Architect's & Engineers' seals (including construction phasing plans) | | S/A2/F2 |

► MAILING ADDRESS:

"Plan Review, Department of Public Health, Division of Health Care Quality, 99 Chauncy Street, 2nd Floor, Boston, MA 02111" - NOTE: No reviewer name should be included for first project submission.

▶ PLAN REVIEW FEE WORK SHEET:

- I. New **Licenses** i.e., construction or renovations for the purpose of establishing a newly licensed facility, the fee is **\$8.25** per \$1,000 of construction cost, with a minimum of \$1,500 and a maximum of \$45,000 per plan review project.

Fee = Construction cost (Cost Form Item 7) divided by \$1,000 multiplied by \$8.25 (with min. \$1,500 / max. \$45,000)

$$[\$ \underline{\hspace{1cm}} \div \$1,000] \times \$8.25 = \$\underline{0.00}$$

(Cost Form Item 7)

Minimum fee is \$1,500

- II. **Existing Licenses** i.e, facilities that have been previously licensed by the Department. There are two fee categories:

(A) **New sites** (e.g. new satellite, replacement or relocated facility) the fee is **\$8.25** per \$1,000 of construction costs, with a minimum of \$1,500 and a maximum of \$45,000 per plan review project.

Fee = Construction cost (Cost Form Item 7) divided by \$1,000 multiplied by \$8.25 (with min. \$1,500 / max. \$45,000)

$$[\$ \underline{\hspace{1cm}} \div \$1,000] \times \$8.25 = \$\underline{0.00}$$

(Cost Form Item 7)

Minimum fee is \$1,500

(B) **Renovations to existing facilities** (e.g. bed additions, renovations and construction within a facility):

- (1) Projects with construction costs of less than \$50,000, no fee is required.

Construction cost (Cost Form Item 7) < \$50,000 Fee = \$0.00

- (2) Projects with construction costs of \$50,000 or greater, the fee is **\$8.25** per \$1,000 of construction costs, with a maximum of \$45,000 per plan review project.

Fee = Construction cost (Cost Form Item 7) divided by \$1,000 multiplied by \$8.25 (with max. \$45,000)

$$[\$ \underline{\hspace{1cm}} \div \$1,000] \times \$8.25 = \$\underline{0.00}$$

(Cost Form Item 7)

Plan Review Types

Self-Certification Review Process

(Construction cost is less than \$1,000,000 for hospital & clinics; applicable to selected projects for long-term care facilities)

The self-certification review relies upon a combined licensee's and architect's affidavit that attests to **all** of the following items:

- Compliance with construction standards, and
- the licensee's understanding and agreement that the Division maintains continuing authority to review the plans, inspect the work, withdraw its self-certification approval, and
- the licensee's understanding of the continuing obligation to make any changes required by the Division to comply with the applicable codes and regulations whether or not physical plant construction alterations are completed.

The Division does not conduct a detailed review of the plans.

Long-Term Care Facilities not constructed under current regulations and Hospice Inpatient Facilities are not eligible for self-certification review.

Abbreviated Review Process

(Construction cost is equal to or greater than \$1,000,000 for hospital & clinics; applicable to all projects for long-term care facilities)

The abbreviated review process is a two-part review. The licensee submits a Part I submission which includes detailed design development plans. The Division reviews the design development plans and sends review comments to the architect/licensee. The licensee/architect is expected to review and incorporate the Division's Part I plan review comments into the final plans and submit a Part II submission which relies upon a combined licensee's and architect's affidavit that attests to **all** of the following items:

- Compliance with construction standards, and
- the licensee's understanding and agreement that the Division maintains continuing authority to review the plans, inspect the work, withdraw its self-certification approval, and
- the licensee's understanding of the continuing obligation to make any changes required by the Division to comply with the applicable codes and regulations whether or not physical plant construction alterations are complete.

The Division does not conduct a detailed review of the final plans.

Hospice Inpatient Facilities are not eligible for abbreviated review.

Full Review Process

The full review process is a two-part review process in which the licensee submits a set of preliminary plans for first plan submission. The Division performs a detailed review of the preliminary plans and sends review comments to the architect/licensee. The licensee/architect is expected to review and incorporate the Division's preliminary plan review comments into the final plans and submit a set of Final Construction Plans. The Division performs a detailed review of the final construction plans before plan approval is issued.